



# Fast Facts

CALIFORNIA DEPARTMENT OF HEALTH SERVICES

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## MEDICAL CASE MANAGEMENT PROGRAM

To help control costs and improve access to services, Medi-Cal is moving from fee-for-service to a managed care environment. However, many of the most medically needy who are high cost users of medical services are not in the groups immediately targeted for managed care. These beneficiaries often have a history of repeat hospital admissions with little or no coordination of care or follow-up post-discharge to avoid medical setbacks, complications, and readmissions. They often “fall through the cracks” because they lack the sophistication and stamina to maneuver through the health care system. In 1992, in response to the needs of these beneficiaries, the Department of Health Services (DHS) established the Medical Case Management (MCM) program within the fee-for-service Medi-Cal program.

### **What is MCM?**

MCM is a process that coordinates quality care and assures continuity of care for Medi-Cal beneficiaries suffering from chronic and/or catastrophic illness and/or requiring medically intensive services. It is a collaborative effort between the beneficiary’s treating physician, provider staff, and Medi-Cal. Utilizing the medical case management model and experienced Medi-Cal registered nurses, MCM involves:

- Assessment of the patient, typically in the acute care setting, to determine if the individual is a candidate for case management.
- Interface with the treating physician and hospital staff in the development and implementation of a treatment plan.
- Timely identification of possible alternative services to facilitate early discharge.
- Coordination and authorization of the delivery of medical services and follow-up care post-discharge.
- Linkage of the patient with local and community resources.
- Continued monitoring, assessment, and evaluation in the home setting to ensure continued well being.

The case manager follows the patient and continues authorizing any additional services needed, including skilled nursing visits, drugs, durable medical equipment, etc., and encourages the patient to follow the established treatment plan.

**MCM's Objectives**

The objectives of MCM are to provide cost containment while improving continuity of care for the chronically and/or catastrophically ill Medi-Cal patient not enrolled in a managed care plan. MCM is voluntary on the part of the physicians, hospitals, and beneficiaries.

**MCM's Goals**

MCM's goals are to:

- reduce patients' length of stay in the hospital;
- facilitate access to needed medical services;
- ensure quality and continuity of care post-discharge;
- improve patient outcome;
- avoid preventable hospital readmission;
- improve patients' overall health status; and
- reduce overall health costs due to more efficient delivery of medical care.

**MCM's Expansion/Cost Savings**

The MCM program was implemented in December 1992 with 30 case manager positions. The program was expanded in 1995, proving to be of value to Medi-Cal beneficiaries, the provider community, and taxpayers. As of December 2000, the MCM program has case managed over 22,000 beneficiaries statewide. This has resulted in total estimated net savings of more than \$111.5 million to Medi-Cal and the State of California.

**National Recognition**

In recognition of its innovative approach, MCM was awarded the 1995 *Innovations in Government Award* by the Council of State Governments. The program was selected, in part, due to its adaptability by other states' Medicaid programs.